



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 11:13 am, Nov 07, 2014

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 030450	PRINTER SN 95.1111.053	DATE OF INSPECTION 11-03-2014
LOCATION OF INSTRUMENT (STREET AND CITY) 501 FARAON ST. JOSEPH		TIME OF INSPECTION 1544

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (1 O-C - 40-C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

☐ SIMULATOR SOLUTION

☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER _____ INTOXIMETERS _____ LOT # _____ AG300201 _____ EXP. DATE _____ 01-02-2015 _____

☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR EXP DATE _____

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 - .097	TEST 2 - .097	TEST 3 - .097
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☒ RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	5	(0-.04)	3	(.05-.09)	3	(.10-.14)	2	(.15-.19)	3	(OVER .19)	0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME SCOTT GARY
TYPE II PERMIT NUMBER EXPIRATION DATE 240301 07-22-2016	TELEPHONE NUMBER 816-271-5359

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901



Airgas Mid America (LABORATORY)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

Certificate of Analysis

Customer Name

Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 2-Jan-2013

Dear Sir,

This is your Certificate of Analysis:

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
1/2/2015	108	Ethanol	0.100 \pm 2% BrAC (272 ppm)
		Nitrogen	Balance

Lot # AG300201

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.5 ppm	EB0010603	390.9 ppm
EB0010570	258.4 ppm	EB0010559	258.3 ppm
EB0010285	208.9 ppm	EB0010595	209.2 ppm
EB0010561	101.9 ppm	EB0010562	104.9 ppm
EB0010681	53.0 ppm	EB0010579	52.4 ppm

Analytical Method: NDIR

Analyst: 

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IV Serial no: 000450
Version no: 7410

TEST RECORD 05014

%

Temp Date Time 210L

UoId: RFI

12 11/03/14 15:44

Subject Name

Subject I.D.

Operator Name: I.D.

Location

AS IV Serial no: 000450
Version no: 7410

TEST RECORD 05015

%

Temp Date Time 210L

Air Blank:

11/03/14 15:49 .000

Calibration Check:

21 11/03/14 15:49 .097

Subject Name

Subject I.D.

Operator Name: I.D.

Location

AS IV Serial no: 000450
Version no: 7410

TEST RECORD 05016

%

Temp Date Time 210L

Air Blank:

11/03/14 15:52 .000

Calibration Check:

22 11/03/14 15:52 .097

Subject Name

Subject I.D.

Operator Name: I.D.

Location

AS IV Serial no: 000450
Version no: 7410

TEST RECORD 05017

%

Temp Date Time 210L

Air Blank:

11/03/14 15:54 .000

Calibration Check:

22 11/03/14 15:54 .097

Subject Name

Subject I.D.

Operator Name: I.D.

Location



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II
SCOTT GARY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 7/22/2014

NUMBER 240301

EXPIRES 7/22/2016

MO 580-0771 (8-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R8-10)

 **STATE OF MISSOURI**
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator GARY, SCOTT
Permit No 240301
Date Issued 7/22/2014 Date Expires 7/22/2016